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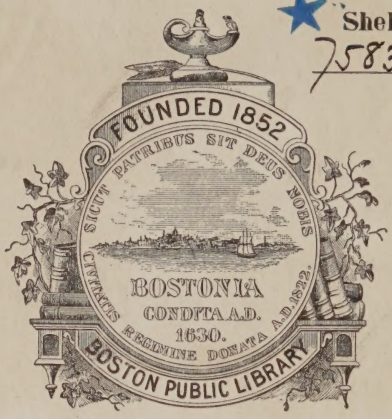

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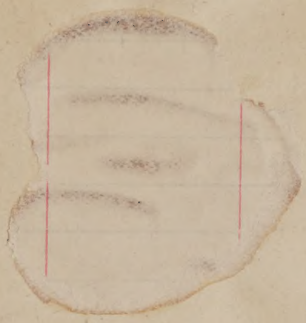

REPORT

OF A

Joint Special Committee

APPOINTED TO CONSIDER THE MATTER OF

INEBRIATION AS A DISEASE,

AND THE EXPEDIENCY OF

TREATING THE SAME AT RAINSFORD ISLAND.

MAY 1, 1868.

BOSTON:
WRIGHT & POTTER, STATE PRINTERS,
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SENATE..... .....No. 227.

Francis B.
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D. R.
to
B. H
Mar. 29, 1894

Commonwealth of Massachusetts.

In Senate, May 1, 1868.

The Joint Special Committee appointed to consider the matter of Inebriation as a Disease, and report upon the expediency of treating the same at Rainsford Island, have considered the subject embraced in the Order, and submit the following

REPORT:

As early as the year 1863, the subject of inebriation as a disease, and the necessity of treating it medically in an asylum or institution established especially for that purpose, was presented to the legislature in the annual address of Governor Andrew, in the following manner:—

"I most respectfully, but urgently advise that the legislature initiate measures to establish an asylum for the treatment of inebriates. Drunkenness is a disease as well as a sin. We have long since legislated for its punishment; let us no longer neglect to legislate for its cure. By every motive of humanity and reason, by every law of duty, it challenges our consideration. I am led to believe that it is in our power so to economize the room in our sanitary and pauper institutions as to enable experiments to be made with one hundred and fifty patients, without any material increase of public expenditure."

A commission was appointed to visit the Binghamton Asylum; their report endorsed the enterprise, but recommended delay, on account of the expenses attending the war; since which time no legislative action has been had.

The position taken by those who have given this subject a special investigation in the light of all the facts which bear upon it is, that the continued use of alcoholic drinks produces a disease, peculiar and distinct from all other diseases; having a *distinct pathology*, and presenting post mortem appearances unlike those of any *other* disease, being as characteristic as those of typhoid fever or *pneumonia*.

A predisposition to become affected by certain diseases, is known to exist, by all physicians, on the application of the *exciting causes*. The predisposition is more strongly marked in some cases than in others, remaining often entirely inert, but ready to spring into activity on the application of the exciting cause.

In this light, the predisposition to dipsomania, or uncontrollable thirst, should be regarded.

Our grandfathers, whose ancestors were temperate, had to drink to excess for *ten* or *fifteen years* before an attack of delirium tremens would be induced. But the present generation is far more susceptible; a *few days* or a few *months* will develop the disease. Inheriting a predisposition, which allows a comparatively small quantity of alcohol to develop into activity. It may pass over one generation and appear in the next.

In such cases, a predisposition to a peculiar morbid condition of the stomach is transmitted, so that the taking of a single glass of liquor will sometimes place the victim as far beyond his own control, as years of drinking would in other subjects. Such cases were formerly looked upon as unaccountable phenomena, but are now regarded as illustrations of the morbid condition of the patient, and the hereditary predisposition to gratify the desire for drink.

Dr. William Wood, of London, in his work on Insanity, says, in speaking of hereditary inebriety: "Instances are sufficiently familiar, and several have occurred within my own personal knowledge, where the father having died at an early age from the effects of intemperance, has left a son to be brought up by those who have severely suffered from his excesses, and have therefore the strongest motives to prevent if possible a repetition of such misery; every pains has been taken to enforce sobriety, and yet, notwithstanding all precaution, the habits of

the father have become those of the son, who never having seen him from infancy, could not have adopted them from imitation. Everything was done to encourage habits of temperance, but all to no purpose; the seeds of the disease had begun to germinate; a blind impulse led the doomed individual by successive and rapid stages along the same course which was fatal to the father, and which ere long terminated in his own destruction."

Such cases occur in the lower orders, and also among the educated and the occupants of the best society, which would afford the strongest guarantee that their conduct should be under the guidance of reason.

The most terrible results of inebriety are the offspring of drunken parents, who are born constitutionally insane and idiotic. These deplorable wrecks of humanity comprise a large per cent. of our insanity, and a still larger per cent. of all our idiocy.

Dr. Turner reports a remarkable instance coming under the observation of Dr. Foloff, a Russian physician, in the province of Saratov. "The three oldest children were idiots, and were born when their father and mother were inebriates. The parents afterwards recovered from this malady and were sober for four years, during which time they had two sons born, who were active and intelligent. Finally the parents again became inebriates, and had two more idiotic children." Such instances are within almost every one's observation, perhaps not so strongly marked as this case, but confirmatory of the melancholy effects of drunkenness upon the children of inebriate parents.

Dr. Dugas, professor of surgery in the medical college of Georgia, one of the most learned and skilful surgeons in the Southern States, who has had abundant opportunity during an extensive practice of fifty years to observe the effects upon succeeding generations of inebriates, on account of the prevalence of drinking habits in that locality, says: "What is true with regard to the influence of intemperance upon the offspring of the first drunken parent, becomes most painfully so if the son himself follow the example of his father, and become also a drunken parent. The issue of this second generation of drunkards will, in all probability, be few in number, and their stamina

will be so much impaired that it will be with the utmost difficulty that any of them can reach maturity. Let us follow this third generation, and if it also perchance take to the bottle, it will be the last of that family,—for I do not hesitate to proclaim it as a *law* of almost universal applicability, that *three successive generations of drunkards will leave no issue!* The third generation may have children, but not one of these will be reared to manhood! This may appear to you a startling announcement; but I believe you will find it based upon truth. I have long entertained these views of the effects of intemperance upon families, and would like to adduce some of the evidence I have collected from personal observation, were it not manifestly improper to lift the veil from the private history of families who have passed away."

The professor illustrates his position by reference to the sad history of our aboriginal savages.

America has been colonized by two classes of people. In the one we find the Spaniards, the Portuguese and the French, who are temperate people; in the other, the British and their American descendants, who are intemperate.

Now, how have the Indians fared under the dominion of these two classes? Under the former they have increased and multiplied; under the latter they have been annihilated! The Spanish, French and Portuguese have fraternized with them, have civilized and Christianized them, as far as their nature will permit; but the British have done neither, but have, on the contrary, introduced among them their own vices and intemperance, and driven them from their hunting grounds, to perish like outcasts.

Compare Mexico with the United States or with Georgia. At the end of the last century the population of Mexico was four millions, two millions being pure Indian. Its population is now seven millions, four millions of which are pure Indians, two millions mixed races, and one million pure Castilians. Sixty years ago, one-half of the State of Georgia was peopled with savages,—and where are they now? With the exception of a small remnant of Cherokees and Creeks, who have been driven across the Mississippi, these mighty tribes have ceased to exist!

In South America the Indian population is as great as ever. Under the French dominion, the Canada Indians prospered as they do in South America. But under British rule they are dwindling away.

Look at the boasted civilization introduced into the Sandwich Islands by the drinking races. The third generation of drunkards is now living there, and it is estimated that in fifteen or twenty years more there will not be left a solitary representative of that people. The sailor with his bottle has had more followers than the missionary with his Bible, in that unhappy land. The dissolute and drunken habits of our frontier Indians point with absolute certainty to the true reason for their extinction.

Let us look upon intemperance as a disease and treat it as such. It must, indeed, be a veritable mental derangement that would lead a man, irresistibly, as it were, to the destruction of self, of family, and race. Consider it a species of insanity, and the remedy will suggest itself immediately.

That inebriation is a disease is conceded by enlightened physicians; and, like other morbid conditions, it may be inherited or acquired. When derived by inheritance, the patient may not be so much to blame as when it comes of improper indulgence. In all cases, however, it reveals a morbid condition of the brain, not unlike that which constitutes other forms of monomania. It may be said that it is a want of self-control; but this does not change the matter; for the depraved appetite is a morbid state often as much deplored by himself as his friends.

The fact that inebriation is a disease, a mania, and that it is both acquired and hereditary, being conceded, the next practical question is, have such cases heretofore been properly treated? and if not, what is the correct treatment?

We know they cannot be successfully treated at home; they ought not to be associated with criminals nor with the insane; neither should they be neglected.

The real solution of the question is to place them in an asylum, as you do those afflicted with other forms of insanity, and let them undergo such medical and moral treatment as may be deemed best adapted to the restoration of the brain and nervous system to their proper functions.

In order to show that such cases are curable, that efforts in this direction will be successful, several cases reported by the superintendent of the New York Asylum will be cited.

Of those admitted, the largest number of any one profession or business were *merchants*, the next *gentlemen;* showing the prevalence of dipsomania first among those with *overworked brains*, and next among those without *any business* at all! No death has occurred in the institution, and no case of disease has been contracted there.

Every patient, except seven, who would not conform to treatment, rapidly improved in physical and mental condition, and many manifested a higher moral tone.

The first case recorded by Dr. Turner was a New England graduate of a college. He had been a hard drinker for ten years. The disease had been directed to the brain and nervous system. He was weak, and the mind was clouded so that he could not remember events of the preceding day. For the first six months he improved but little. He was constantly finding fault; every trifle seemed to annoy him. He often remarked that he wished his brother had carried him to the *grave* instead of to the asylum. In the seventh month he began to improve. The eighth month exhibited a great change in his physical, mental and moral status. He steadily advanced, until the twelfth month he had reached the weight of two hundred and ten pounds. He left the asylum in February, 1865, and returning to New York entered a wholesale establishment as a purchasing clerk, and in eleven months was admitted a partner in the firm. He states that he has not the slightest appetite for liquor. This gentleman is now universally respected by his acquaintances for his gentlemanly deportment, nobleness of heart and Christian character.

Another case of great interest was that of a gentleman who was sent to the asylum by an order of the court. This patient, thirty-nine years of age, was a thoroughly educated merchant, and had business qualities of the highest order. When he arrived at the asylum his mind was so weak that he could not realize that he had entered a hospital. His nervous system was much shattered, and his limbs partially *paralyzed*, which rendered it almost impossible for him to walk. There was a great amount of nervous irritability. After he had been

in the institution a few months, he began to improve in body and mind; and, at the expiration of his commitment, had improved so rapidly, that he concluded to remain *three months* longer. He then returned to New York, re-entered the business circle he had abandoned before entering the asylum, and is now in the enjoyment of a sound body and mind, with no morbid desire for stimulants.

A case of a chronic character is that of a young man who had been struggling for more than fifteen years against a morbid appetite for alcoholic stimulants. This appetite had been produced by liquors prescribed in sickness by the *family physician.* When six years of age a scrofulous diathesis was developed which brought him near death's door. This condition was found to require all the appliances of the most stimulating food to overcome. While at school he frequently exchanged the social glass with his companions. After graduating from the law school, and commencing his professional life, he lost all self-control, and became a victim of stimulants. After many fruitless attempts to regain self-control, he entered an insane asylum for restraint, binding himself to remain one year. At the expiration of a year, he left, little benefited. After he had been out a few months, he found it necessary to return to make one more trial. This he did, and struggled with all the power of his will.

During these two years, he was under a constant irritability for stimulants, which was kept up by being surrounded with lunatics; producing functional disturbance of the stomach, liver and bowels, so that during his two years at the asylum, he never had a healthy movement of the bowels. Such was his condition when discharged from that institution, with but little hope of ever becoming a healthy man.

When received at the inebriate asylum, he had been constantly under the influence of liquor for *six months.* He had consumed an astonishing amount. The effects were plainly visible. He had lost the power of walking without assistance; he had great difficulty in articulating words. The mind was turbid, the condition of the liver, stomach and bowels was desperate. There was that *precursor* of *paralysis*, numbness of the *extremities* of the fingers and toes.

By a judicious and careful treatment, this gentleman began to improve in body and mind. In four months, he began to recover the use of his limbs; in six months, the numbness of the extremities began to pass off. In eight months, he could walk without a cane. At the end of the fourteenth month, he said for two months past he had not suffered a pain or disagreeable sensation. At the end of the fifteenth month, he had gained sixty-five pounds of flesh, and left the institution with a strong and sound constitution, and with a mental vigor capable of grappling with the most subtle legal question. The patient took leave with a grateful heart—sensible that the asylum had been his salvation.

Several cases of opium eaters, treated in the inebriate asylum are recorded, where a cure was effected in each case.

It ought perhaps to be stated, that opium eating is rapidly on the increase in this country, as every physician can testify. There is little hope for such patients outside of an inebriate asylum.

The Rev. Mr. Bush, the chaplain of the New York Asylum, in his report for 1866, says:—

"It gives me very great pleasure to state, that after a few weeks or months residence here, there is a very marked and in some instances surprising improvement, not in respect to one or more, but to all the patients, with scarcely an exception. The feeble become strong; the emaciated muscular; the nervous calm; the sad cheerful, and more or less hopeful in respect to the future."

As a corroboration of the evidence in relation to the curability of dipsomania, the testimony of the officers of the Washingtonian Home is conclusive.

The reason why frequent failure has resulted from attempts to reform the inebriate is, because it has been deemed to be a moral delinquency; and persistent treatment, with an intelligent understanding of the lesions induced by alcoholic stimulation, has not been resorted to, for the wants of a suitable institution in which to control and treat the patients.

Left to themselves, a large majority of the inebriates must inevitably perish; while suitable provision for their care will

save them to their friends, and save them to society. The State of Massachusetts can hardly afford to be behind her sister States, in the care of this unfortunate class.

Beyond all question the legislature ought to make the same provisions for the treatment of persons who have lost self-control through habitual inebriation, become dangerous to the community, to themselves, or are squandering their property, as is extended to the *insane*.

The court having jurisdiction in such cases should be empowered to assign the inebriate for treatment, on the application of the *individual* or his friends, supported by the affidavit of two respectable physicians and two freeholders, or such other safeguards as may be deemed advisable. The consummation of this object will tend to relieve the insane asylums of danger of being overcrowded, as recruits to such institutions are, according to some authorities, from the *inebriates*, to the extent of more than fifty per cent.

In the report of the board of state charities for January 1, 1866, the secretary says of the Washingtonian Home: "I have visited it during the year, and have been impressed with the simple means employed, and their apparent success in the reformation of the intemperate. At the same time I could not fail to notice how inconvenient is the present location of the Home, and how much this location may diminish the chances of a reformation of the inmates. At the next remove, it is to be hoped that the Home will leave Washington Street, and be established at some easily accessible place in the country."

"It is a contrast worth noting—the different manner in which drunkenness is treated in Court Square and at the South End. There it is treated as a crime, even if a casual condition, and the poor countryman, sailor or returned soldier is cast into jail if unable to pay his fine.

"Here it is held to be a disease—physical and moral—and the most revolting stages of it are tenderly cared for; while the victim is not crowded into the cell of the felon, but invited to a more glorious liberty than he has yet known—freedom from the bondage of his appetites.

"These two methods of treatment cannot both be right; one or the other must be frightfully unjust. I will not decide which is the true method, for I trust the intelligence and

humanity of our citizens will see it for themselves; but I will say, that of all legislation, that which deals with the question of intemperance is, if reasonable, the least efficient, and, if judged by its results, the most unreasonable."

The State should inaugurate a new policy in relation to drunkennness, and use all honorable means to stop the demand for intoxicating liquors as well as controlling the supply. The great business of our courts is to attend to liquor cases—even the higher courts are so engaged. On reference to the attorney-general's report for 1867, it will be found that out of one hundred and forty-five cases coming under his notice, ninety-six were liquor cases in some form.

No more important subject than this can claim the attention of the general court or the people of the State; no movement in the interest of temperance promises better results. This view of inebriation, and the treatment which follows as a natural sequence, is in keeping with the improvements which have been made in the world in all departments of science and art, and must prevail, to the benefit of the race.

Discovery, invention and improvement in medicine and surgery, have kept pace with other innovations, and in shaping our course we must not expect to find many precedents to indicate the path we must follow.

The medical profession now generally understand this subject, and it has not been thought best to obtain an expression on the part of the physicians of this State by the aid of petitions; but as a reflection of their views, we print a copy of the petition presented to the legislature of New York, signed by fifteen hundred of the leading medical men in the State. As a substantial endorsement of the Inebriate Asylum, nine hundred of these physicians subscribed towards its erection to the amount of twelve thousand dollars.

"We, the undersigned, physicians and citizens of the State of New York, would respectfully call the attention of your honorable body to the vital importance of an immediate appropriation of a sum of money sufficient to build the Inebriate Asylum, which has already been chartered by the State of New York. We, as practitioners, have long felt the necessity of

ings of the island might be for the convenience of such an asylum, the difficulties and expenses attending conveyance to and from the island rendered it a most unsuitable location.

The Committee regret their inability to present a Bill in connection with this Report, which will embody the plan upon which such an inebriate asylum should be founded, and ask leave to make such further report to this or the next legislature as in their judgment the necessities of the case and the interests of the State demand.

DANIEL NEEDHAM,
WM. SCHOULER,
FREDERICK D. BROWN,
HARRISON TWEED,
B. F. CLARK,
Committee on the part of the Senate.

ISAAC H. STEARNS,
R. S. WARREN,
T. K. DEWOLF,
HENRY BASSETT,
HENRY SHORTLE,
J. B. WILLIAMS,
JOHN PERLEY,
SAMUEL FREEMAN,
W. D. JONES,
Committee on the part of the House.

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